

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8677</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PATRICK D CONNORS</u> P.O. Box, Bldg., Room No., if any Street <u>12 WALNUT WOOD DRIVE</u> City <u>LASLIN</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>18702</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 401</u> Labor Organization File Number <u>031-627</u> P.O. Box, Building and Room Number, if any <u>PO BOX 1420</u> Street <u>260 SOUTH WASHINGTON STREET</u> City <u>WILKES-BARRE</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>18703-1420</u>
5. Position in labor organization. <u>CHAIRMAN / TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Patrick D Connors

On

Date

8-12-05

Telephone Number

570-823-3111

Name of Person Filing PATRICK CONNORS		File Number U-	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name TEAMSTERS 401 HEALTH AND WELFARE</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 250 SOUTH WASHINGTON ST</p> <p>City WILKES-BARRE</p> <p>State Pennsylvania ZIP Code + 4 18703-1420</p>	<p>14.a. Nature of payment.</p> <p>EXPENSES INCURRED DURING THE ATTENDANCE AT AN INTERNATIONAL FOUNDATION CONVENTION HELD ON 12/1/04-12/5/04 AT NEW ORLEANS.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">AIRFARE</td> <td style="width:30%; text-align: right;">346.90</td> </tr> <tr> <td>HOTEL</td> <td style="text-align: right;">956.68</td> </tr> <tr> <td>REGISTRATION</td> <td style="text-align: right;">916.00</td> </tr> <tr> <td>OUT OF POCKET</td> <td style="text-align: right;">526.06</td> </tr> </table>	AIRFARE	346.90	HOTEL	956.68	REGISTRATION	916.00	OUT OF POCKET	526.06
AIRFARE	346.90								
HOTEL	956.68								
REGISTRATION	916.00								
OUT OF POCKET	526.06								

<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">\$2,746</p>
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Name of Person Filing PATRICK CONNORS

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BEYER-BARBER COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1136 HAMILTON ST.

City ALLENTOWN

State Pennsylvania

ZIP Code + 4 18103

14.a. Nature of payment.

DINNER (INCLUDING FOOD AND BEVERAGE) AT THE INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS 2004 ANNUAL CONFERENCE IN NEW ORLEANS, LA 70316.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

5237

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



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14.b. Amount of payment.

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

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ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.